

May 7, 2021

Members of Louisiana State Senate
State of Louisiana
State Capitol
P.O. Box 94183
Baton Rouge, LA 70804

Re: **AMA Opposition to Louisiana H.B. 495**

Dear Members of the Louisiana State Senate:

On behalf of the American Medical Association (AMA) and our physician and student members, I am writing to express our **strong opposition to House Bill (H.B.) 495**, which would allow all advanced practice registered nurses (APRNs) the ability to provide medical care without any physician involvement, including diagnosing and treating patients and prescribing medications. The AMA has and will continue to stand up for patients who have said time and again they want and expect physicians leading their health care team. In a recent survey of U.S. voters, 68% say it is very important for a physician to be involved in their diagnosis and treatment decisions. H.B. 495, however, effectively removes physicians from the care team and sets Louisiana on a crash course toward worsening health outcomes and higher costs without improving access to care in rural areas. We strongly encourage you to oppose H.B. 495.

Education matters: Patients want physicians involved in their diagnosis and treatment decisions

The AMA is deeply concerned that H.B. 495 threatens the health and safety of patients in Louisiana by allowing all APRNs to practice without any physician collaboration or oversight. While all health care professionals play a critical role in providing care to patients and all APRNs are important members of the care team, their skillsets are not interchangeable with that of fully trained physicians. This is fundamentally evident based on the difference in education and training between the two distinct professions. Physicians complete four years of medical school plus a three-to-seven-year residency program, including 10,000-16,000 hours of clinical training. By contrast, nurse practitioners (NPs), one type of APRN, complete only two to three years of education, have no residency requirement and only 500-720 hours of clinical training. Certified registered nurse anesthetists (CRNAs), another type of APRN, have only two to three years of education, no residency requirement and approximately 2,500 hours of clinical practice.

But it is more than just the vast difference in hours of education and training—it is also the difference in rigor and standardization between medical school/residency and APRN programs that matter and must be assessed. During medical school, students receive a comprehensive education in the classroom and in laboratories, where they study the biological, chemical, pharmacological, and behavioral aspects of the human condition. This period of intense study is supplemented by two years of patient care rotations through different specialties, during which medical students assist licensed physicians in the care of patients. During clinical rotations, medical students continue to develop their clinical judgment and medical decision-making skills through direct experience managing patients in all aspects of medicine. Following graduation, students must then pass a series of examinations to assess a physician's readiness for licensure. At this point, medical students "match" into a three-to-seven-year residency program during which they provide care in a select surgical or medical specialty under the supervision of experienced

physician faculty. As resident physicians gain experience and demonstrate growth in their ability to care for patients, they are given greater responsibility and independence. **NP programs, in addition to other APRN programs, do not have similar time-tested standardizations. For example, between 2010-2017, the number of NP programs grew by more than 30% with well over half of these programs offered mostly or completely online,** meaning less in-person instruction and hands-on clinical experience. Plus, many programs require students to find their own preceptor to meet their practice hours requirement, resulting in much variation among students' clinical experiences. Patients in Louisiana deserve better—they deserve and have a right to have physicians leading their health care team.

Increasing scope of practice of APRNs can lead to increased health care costs

Moreover, there is strong evidence that removing physicians from the care team, has resulted in increased health care costs due to overprescribing and overutilization of diagnostic imaging and other services. For example, a 2020 study published in the *Journal of Internal Medicine* found 3.8% of physicians (MDs/DOs) compared to 8.0% of NPs met at least one definition of overprescribing opioids and 1.3% of physicians compared to 6.3% of NPs prescribed an opioid to at least 50% of patients.¹ **The study further found, in states that allow independent prescribing, NPs were 20 times more likely to overprescribe opioids than those in prescription-restricted states.**²

Multiple studies have also shown that NPs order more diagnostic imaging than physicians, which increases health care costs and threatens patient safety by exposing patients to unnecessary radiation. For example, a study in the *Journal of the American College of Radiology*, which analyzed skeletal x-ray utilization for Medicare beneficiaries from 2003 to 2015, found ordering increased substantially—**more than 400%** by non-physicians, primarily NPs and physician assistants during this time frame.³ A separate study published in *JAMA Internal Medicine* found NPs ordered more diagnostic imaging than primary care physicians following an outpatient visit. The study controlled for imaging claims that occurred after a referral to a specialist.⁴ **The authors opined this increased utilization may have important ramifications on costs, safety, and quality of care. They further found greater coordination in health care teams may produce better outcomes than merely expanding NP scope of practice alone.**

Many of these studies have been limited to NPs because few states allow prescriptive authority of other types of APRN. However, the findings are clear: NPs tend to prescribe more opioids than physicians, order more diagnostic imaging than physicians and overprescribe antibiotics⁵—all which increase health care costs and threaten patient safety. Before expanding the scope of practice of all APRNs, including those newly licensed, we encourage the legislature to carefully review these studies. We believe you will agree that the results are startling and have significant impact on the assessment of risk to the health and welfare of Louisiana patients, as well as the impact on the cost of health care in Louisiana.

¹MJ Lozada, MA Raji, JS Goodwin, YF Kuo, “Opioid Prescribing by Primary Care Providers: A Cross-Sectional Analysis of Nurse Practitioner, Physician Assistant, and Physician Prescribing Patterns.” *Journal General Internal Medicine*. 2020; 35(9):2584-2592.

² Id.

³ D.J. Mizrahi, et.al. “National Trends in the Utilization of Skeletal Radiography,” *Journal of the American College of Radiology* 2018; 1408-1414.

⁴ D.R. Hughes, et al., A Comparison of Diagnostic Imaging Ordering Patterns Between Advanced Practice Clinicians and Primary Care Physicians Following Office-Based Evaluation and Management Visits. *JAMA Internal Med*. 2014;175(1):101-07.

⁵ Sanchez GV, Hersh AL, Shapiro DJ, et al. Brief Report: Outpatient Antibiotic Prescribing Among United States Nurse Practitioners and Physician Assistants. *Open Forum Infectious Diseases*. 2016:1-4. Schmidt ML, Spencer MD, Davidson LE. Patient, Provider, and Practice Characteristics Associated with Inappropriate Antimicrobial Prescribing in Ambulatory Practices. *Infection Control & Hospital Epidemiology*. 2018:1-9.

Scope expansions have not proven to increase access to care in rural areas

Proponents of H.B. 495 have argued this legislation is necessary to expand access to care. This promise has been made in many other states, but it has not proven true. In reviewing the actual practice locations of primary care physicians compared to NPs and other APRNs, it is clear that physicians and APRNs tend to practice in the same areas of the state. This is true even in those states where NPs can practice without physician involvement. The Graduate Nurse Demonstration Project (the Project), conducted by the Centers for Medicare & Medicaid Services, confirmed this as well.⁶ One goal of the Project was to determine whether increased funding for APRN programs would increase the number of APRNs practicing in rural areas. The results found that this did not happen. In fact, only 9% of alumni from the program went on to work in rural areas.

Moreover, workforce studies in various states have shown a growing number of NPs are not entering primary care. For example, the Oregon Center for Nursing found only 25% of NPs practice primary care. Similarly, the Center for Health Workforce Studies conducted a study on the NP workforce in New York that found, “[w]hile the vast majority of NPs report a primary care specialty certification, about one-third of active NPs are considered primary care NPs, which is based on both NP specialty certification and practice setting.” In addition, the study found newly graduated NPs were more likely to enter specialty or subspecialty care rather than primary care.⁷ **In short, the evidence is clear that expanding scope for APRNs will not necessarily lead to better access to care in rural Louisiana.**

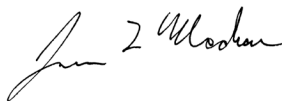
Rather than support an unproven path forward, legislators should consider proven solutions to increase access to care, including supporting physician-led team-based care. Evidence shows that states that require physician-led team-based care have seen a greater overall increase in the number of nurse practitioners compared to states that allow independent practice.

Conclusion

For all the reasons above, we strongly encourage you to protect the health and safety of patients in Louisiana and oppose H.B. 495.

Thank you for the opportunity to provide these comments. If you have any questions, please contact Kimberly Horvath, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at kimberly.horvath@ama-assn.org.

Sincerely,



James L. Madara, MD

cc: Louisiana State Medical Society

⁶ The Graduate Nurse Education Demonstration Project: Final Evaluation Report, Centers for Medicare and Medicaid Services. August 2019. <https://innovation.cms.gov/files/reports/gne-final-eval-rpt.pdf>. Accessed

⁷ Martiniano R, Wang S, Moore J. A Profile of New York State Nurse Practitioners, 2017. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany; October 2017